

Foster Family Home - Corrective Action Report

Provider ID: 1-170070

Home Name: Marjorie Peroche, CNA

Review ID: 1-170070-2

94-442 Hamau Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 10/31/2018

End Date: 11/09/18

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/31/18. Corrective Action Report issued during home visit with all items due to CTA by 12/01/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks

[17-1454-7.1]


7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

71.(a)(1) - ecrim lapsed for CG#1: was due on/before 4/26/2018, done on 6/29/2018.

7.1.(a)(2) - APS/CAN checks lapsed for CG#1: was due on/before 4/28/2018, done on 7/03/2018.


Compliance Manager


Date


Primary Care Giver


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **MARJORIE PEROCHE'S FOSTER HOME**

CCFFH Address: **94-442 HANAU ST. WAIKAKA, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	Ecrim was done by CG #1. Form has been put into home binder.	6/29/18	Home will use a calendar note reminder and iphone alert to input all due dates 2 months advance before they expire, to avoid any future lapses. Home will up to date on all CCFFH requirements for the next visit.
7.1(a)(2)	APS/CAN was done for CG #1. It was placed into home binder.	7/13/18	

Primary Caregiver's Signature: _____

Print Name: **MARJORIE PEROCHE**

Date of Signature: _____